

## News Release

For Immediate Release:
Thursday, September 1, 2005
Contact:
Lena Dibble
Tobacco Prevention and Control Program
801-538-6917

## Child and Adolescent Exposure to Secondhand Smoke in Utah Homes Nearly Cut in Half Since 2001

Annual Report Shows Utah also beats National Rates for Reducing Adult Smoking

(Salt Lake City, UT) – Since 2001, child and adolescent exposure to secondhand smoke in Utah homes has declined by 44 percent. That means 18,000 fewer children are at risk for secondhand smoke-related health problems, according to the 2005 Utah Tobacco Prevention and Control Program Annual Report, published today.

The report highlights the accomplishments of the Utah Department of Health's (UDOH) Tobacco Prevention and Control Program (TPCP) and its many partners. The statewide program, funded through Tobacco Master Settlement Agreement (MSA) and Cigarette Tax Restricted Accounts, has netted significant results in both adult and youth smoking cessation.

In 2003, Utah was the first state in the nation to reach the Healthy People 2010 goal of decreasing adult smoking to less than 12 percent of the population. Since MSA-funded programs began in 1999, Utah's smoking rate dropped from 14 to 10.5 percent, a 25 percent decrease. Also, from 1999 to 2003, the smoking rate for Utah high school students decreased from 11.9 to 7.3 percent, the lowest in the country.

"We can't help but be pleased with these strong results," said Heather Borski, TPCP manager, (UDOH). "Our program is moderately funded and we are gratified to see that strategically implemented local and statewide prevention and cessation programs can make a difference. Data show most Utah smokers want to quit and the demand for free or low-cost quitting services such as the Utah Tobacco Quit Line, Utah QuitNet and other programs is at an all-time high."

Utah's efforts include a variety of school and community-based initiatives made by local health departments and other community partners including the media, business and non-profit organizations. Another key component is The TRUTH marketing campaign, which provides frequent exposure to

## Page 2 of 2 – Child and Adolescent Exposure to Secondhand Smoke in Utah Homes Nearly Cut in Half Since 2001

locally-produced advertisements targeting specific groups. The report shows ad recognition was high (around 95 percent) for youth, adult and Hispanic campaigns.

"We were thrilled to discover that Utah's youth recalled our local campaign ads at rates comparable to Florida's 1999 'truth' campaign, one of the country's most widely recognized tobacco prevention efforts," Borski said. "This is significant because media research shows that targeted audiences must be exposed to frequent media messages on an ongoing basis to be effective. Florida's 'truth' campaign had a larger media budget than ours, yet compared to survey respondents in Florida Utah's youth are more likely to report that they talked to friends about anti-tobacco ads and know where to find help to quit."

Borski added that the state's accomplishments should not be taken for granted. She cited many additional challenges:

- More than 190,000 Utahns continue to use tobacco.
- Tobacco use remains almost as high as national figures in Utah's low income and less educated populations and in some racial and ethnic minority groups.
- Tobacco use is the leading preventable cause of death in the U.S., and kills more than 1,100 Utahns annually.
- Every year Utah incurs more than \$530 million in smoking-related medical and productivity costs.
- In spite of the Utah Indoor Clear Air Act, 13 percent of Utah workers reported regular exposure to secondhand smoke in the workplace, with 28 percent of Spanish-speaking Utahns reporting workplace exposure.
- The tobacco industry spends an estimated \$63.7 million every year peddling its deadly products in Utah.

The annual report can be found online at www.tobaccofreeutah.org.

# # #

The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.